

CACFP Application Checklist- New Participants

ONLINE MODULES - COMPLETE & SUBMIT			
	Module Name	Module Number	Comments
<input type="checkbox"/>	Application for Participation	CFS-2113	
<input type="checkbox"/>	Application for Participation	SNP-5	
<input type="checkbox"/>	Funds Received	SNP-4	
<input type="checkbox"/>	Meal Policy Statement	FRPS1	
<input type="checkbox"/>	Pre-Award Compliance Review	SNP-6	
<input type="checkbox"/>	Public Release Verification	SNP-7	
<input type="checkbox"/>	CACFP Agreement	CASA2	
<input type="checkbox"/>	Officers & Employees	SNP-3	
<input type="checkbox"/>	Adult Questionnaire (if applicable)	APQ1	
<input type="checkbox"/>	Application Questionnaire	AQ1	
<input type="checkbox"/>	Disclosure of Lobbying Activities	SFLLL	
PAPER DOCUMENTS - COMPLETE & UPLOAD			
<input type="checkbox"/>	Certificate of Authority		(Required for anyone who needs access to the app)
<input type="checkbox"/>	Food Service Contract (if applicable)		
<input type="checkbox"/>	W-9 Taxpayer ID Certification		
<input type="checkbox"/>	IRS Tax Exempt Letter (Non-Profits Only)		
<input type="checkbox"/>	List of Enrolled Children Eligible for Free or Reduced Priced Meal Reimbursement -25%		Required For-Profits Only
<input type="checkbox"/>	Direct Deposit		
<input type="checkbox"/>	Child or Adult Care Center License(s) (if applicable)		
<input type="checkbox"/>	Articles of Incorporation		Non-Profits Only
<input type="checkbox"/>	Most recent IRS Tax Form (first page and signature page) and documentation of last 2 quarters of payroll taxes paid		
<input type="checkbox"/>	Executive Order	EO9804	
<input type="checkbox"/>	Health & Safety Certification and Notice of Action		At-Risk Providers Only.
<input type="checkbox"/>	Not on NOL, OHS, or HNP Exclusion List		HNU Applications staff will verify

<input type="checkbox"/>	Area Eligibility		
OTHER REQUIRED DOCUMENTS - COMPLETE & UPLOAD			
<input type="checkbox"/>	Institution's Policy's & Procedures		
<input type="checkbox"/>	Institution's Policy must Include a policy in regards to outside employment		
<input type="checkbox"/>	Institution's Financial Management Policies, Procedures and Internal Controls		
<input type="checkbox"/>	Board of Directors Meeting Minutes		Full year with CACFP Board Approval
<input type="checkbox"/>	Financial Statements (3 most recent months - Entity wide and child nutrition programs)		
<input type="checkbox"/>	Save a copy of the submitted budget		HNP staff will upload a copy of the original approved budget in SNP
<input type="checkbox"/>	IRS Form 990 (Prefer the last 3 years.)		
<input type="checkbox"/>	Supporting Source Documentation - Revenues		Including donations, contributions, and other grants.
<input type="checkbox"/>	Supporting Source Documentation - Expenditures		Lease agreements, floor plans, copies of bills, etc.
<input type="checkbox"/>	Disclosure of Less-Than-Arms-Length Transactions		
<input type="checkbox"/>	Management Plan		
<input type="checkbox"/>	Job description and duties of all staff and/or volunteers		
<input type="checkbox"/>	Detailed description of budget line items		
<input type="checkbox"/>	DUNS Number		
<input type="checkbox"/>	Surety Bond		Thirty-six (36) month surety bond for 25% of the estimated annual reimbursement.
<input type="checkbox"/>	Procurement documents		See CFR 225.17, 2 CFR part 200, subpart D and 2 CFR part 400 and part 415.
<input type="checkbox"/>	Secretary of State registration		Must be in Good Standing.
<input type="checkbox"/>	City/Business License (if applicable)		
<input type="checkbox"/>	If applicable, Outside Employment Policy (If yes, policy upload is required)	Yes or No	
TRAINING			
<input type="checkbox"/>	CACFP New Participant Training		
<input type="checkbox"/>	Arkansas Department of Health Training (At-Risk Providers Only)		Or substituted with a valid certificate from ServSafe Prometric National Registry of Food Safety Professionals, 360, Above Training- StateFoodSafety.com

<input type="checkbox"/>	Application Training		
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